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ILLINOIS COMMERCE COMMISSION

ORIGINAL

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. \_\_\_\_\_  
ICC Office Use Only

Please provide the appropriate information in the ( ) areas in the heading below.

NexUSTel, LLC

Application for a certificate of  
interexchange authority  
to operate as a reseller  
of telecommunications  
services statewide in the  
State of Illinois.

080307

CHIEF CLERK'S OFFICE

ILLINOIS  
COMMERCE COMMISSION  
2008 MAY -9 A 11:35 AM

APPLICATION FOR CERTIFICATE TO BECOME A  
TELECOMMUNICATIONS CARRIER  
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 26-1802267

NexUSTel, LLC

Address: Street 9100 S. Dadeland Blvd, Suite 1500

City Miami State/Zip FL/33156

2. Authority Requested: (Mark all that apply) 13-403 Facilities Based Interexchange

X 13-404 Resale of Local and/or Interexchange

13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

X Part 710 Uniform System of Accounts for Telecommunications Carriers

X Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,  
Termination of Service and Issuance of Telephone Directories for Local  
Exchange Telecommunications Carriers in the State of Illinois

\_\_\_\_\_ Section 735.180 Directories

\_\_\_\_\_ Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:

- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
- (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
- (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
- (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service?

Applicant proposes to provide service statewide throughout Illinois.

6. Please attach a sheet designating contact persons to work with Staff on the following:

See Attachment 1.

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

7. Please check type of organization?

\_\_\_\_\_ Individual \_\_\_\_\_ Corporation

\_\_\_\_\_ Partnership

Date corporation was formed January 22, 2008

In what state? Delaware

X Other (Specify) Limited Liability Company

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

See Attachment 2.

9. List jurisdictions in which Applicant is offering service(s).

Applicant is in the process of obtaining authority to provide resold interexchange services in all states with the exception of Alaska and Hawaii. Applicant is not currently providing service within any other state.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

\_\_\_\_ YES (Please provide details)    X NO

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

\_\_\_\_ YES    X NO

If YES, describe fully. \_\_\_\_\_

12. Has Applicant provided service under any other name?

\_\_\_\_ YES    X NO

If YES, please list. \_\_\_\_\_

13. Will the Applicant keep its books and records in Illinois? \_\_\_\_ YES    X NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

**No. Applicant requests permission pursuant to 83 Ill. Adm Code Part 250 to maintain its books and records at its principal place of business in Miami, Florida.**

## MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

**See Attachment 3.**

15. List officers of Applicant.

**Jorge Asecio**

**President**

**Gonzalo Alvarez**

**Vice President Information Technology**

**Manuel Molina**

**Vice President of Operations**

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? \_\_\_\_ YES    X NO

If YES, list entity. \_\_\_\_\_

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

**Applicant will bill customers directly on a monthly basis.**

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Applicant will maintain a toll-free customer service number 1-877-639-8775 that customers may call for assistance. The toll free number will be printed on its customers' monthly billing statements. Customer service representatives will be available to assist with customer inquiries 24 hours per day, seven days per week. Customers may also send written inquiries and complaints to NexUSTel at the address listed in Question 1 of this Application. NexUSTel views customer satisfaction as critical to its success in the competitive market place and will address all service, billing and repair complaints and inquiries promptly. The Company shall investigate and resolve all disputes within fifteen (15) days of receipt. Any unresolved dispute may be directed to the Commission in writing at Illinois Commerce Commission, 527 East Capitol Ave, Springfield, IL. 62701, by phone at 1-800-524-0795, 1-217-782-2024 outside the State of Illinois, or TTY at 1-800-858-9277, or via the Commission's website at www.icc.illinois.gov.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing?   X   YES        NO

20. What telephone number(s) would a customer use to contact your company?

(877) 639-8775

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

  X   YES        NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

Applicant will prevent unauthorized switching of customers by obtaining a signed letter of authorization ("LOA"), or similar authorization, from all new customers. Applicant will comply with applicable Illinois law as well as Federal Communications Commission regulations regarding how carriers may change a customer's Primary Interexchange Carrier.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

Applicant is not requesting authority to provide local exchange services.

       YES        NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

  X   YES        NO

## FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

See Attachment 4.

## TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? \_\_\_\_ YES   X   NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

\_\_\_\_\_  
\_\_\_\_\_

If NO, which facility provider(s)'s services does the Applicant intend to use?

Verizon Communications, Inc.      Global Crossing, Inc.

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

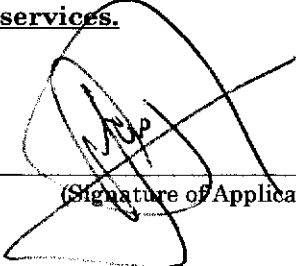
Applicant intends to offer retail voice services on a prepaid and presubscribed basis.

28. Will technical personnel be available at all times to assist customers with service problems?

  X   YES \_\_\_\_ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? \_\_\_\_ YES \_\_\_\_ NO

Applicant does not intend to provide payphone services.

  
\_\_\_\_\_  
(Signature of Applicant)

**VERIFICATION**

This application shall be verified under oath.

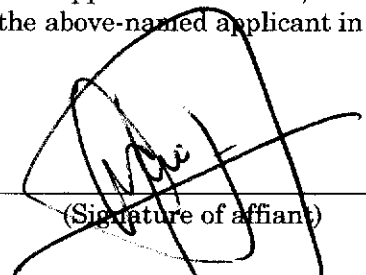
**OATH**

State of FLORIDA )  
 )ss  
County of MIAMI-DADE )

Jorge Asecio makes oath and says that he is President  
(Insert here the name of affiant) (Insert the official title of the affiant)

of NexUSTel, LLC  
(Insert here the exact legal title or name of the Applicant)

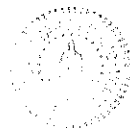
that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

  
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ NOTARY PUBLIC  
(Title of person authorized to administer oaths)

in the State and County above named, this 5TH day of MAY, 2008.

Allan Sequira 05/05/08  
(Signature of person authorized to administer oath)



Allan Sequira  
Commission #DD531358  
Expires: MAR. 21, 2010  
www.FLORIDANOTARY.com